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TP (SB/17/10.07)

PTO/SB/17\_(10-07)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction	Act of 1995, no person are re-	uired to respond to a co						
Effective on 12/08		Complete if Known						
Fees pursuant to the Consolidated Appropriate	Application Nur			10/500,729-Conf. #6842				
FEE TRANS	MITTAL	Filing Date	J	July 20, 2004				
For FY 2	First Named In		BO WIDEN					
	Examiner Name	<u> </u>	L. A. Gall					
Applicant claims small entity sta	tus. See 37 CFR 1.27	Art Unit	3	676				
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00 Atto			Attorney Docket No. 0091-0239PUS1					
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card	Money Order	None Other	(please identify	r):				
x Deposit Account Deposit Account	Number: 02-2448	Deposit	Account Name:	Birch, Stewa	rt, Kolasch & Birch,			
For the above-identified dep	osit account, the Directo	r is hereby authoriz	ed to: (check	k all that apply)				
x Charge fee(s) indicate			,		ccept for the filing fee			
x Charge any additional fee(s) or underpayments of x Credit any overnayments								
fee(s) under 37 CFR 1	.16 and 1.17			<u> </u>				
1. BASIC FILING, SEARCH, AND E	YAMINATION EEES							
		EARCH FEES	EYAMINI	ATION FEES				
	Small Entity	Small Entity		Small Entity				
Application Type Fee (	<u>Fee (\$)                                  </u>	(\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)			
Utility 310	155 51	0 255	210	105				
Design 210	105 10	0 50	130	65				
Plant 210	105 31	0 155	160	80				
Reissue 310	155 51	0 255	620	310				
Provisional 210	105	0 0	0	0	-			
2. EXCESS CLAIM FEES					Small Entity			
Fee Description					Fee (\$) Fee (\$)			
Each claim over 20 (including Reis	sues)				50 25			
Each independent claim over 3 (inc	luding Reissues)				210 105			
Multiple dependent claims					370 185			
Total Claims Extra Claims	e Paid (\$)	Mu	ltiple Depende	ent Claims				
100	x 50.00 =	0.00			ee Paid (\$)			
HP = highest number of total claims paid for	r, if greater than 20.		•					
Indep. Claims Extra Claims	Fee (\$) Fe	e Paid (\$)						
10	× 210.00 =	0.00						
HP = highest number of independent claim	s paid for, if greater than 3.	·						
3. APPLICATION SIZE FEE								
If the specification and drawings e								
listings under 37 CFR 1.52(e)),				tity) for each ac	iditional 50			
sheets or fraction thereof. See		• • • • • • • • • • • • • • • • • • • •						
Total Sheets Extra Shee		h additional 50 or fra			Fee Paid (\$)			
- 100 =	/50 =	(round <b>up</b> to a wh	ole number) >	· :	=			
4. OTHER FEE(S) Non English Specification \$12	0 foo (no amell emile : 3	t)			Fees Paid (\$)			
Non-English Specification, \$13	•	•						
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00								
SUBMITTED BY	100							
Signature Jone / N	- / Slatte	Registration No. (Attorney/Agent)	28,380	Telephone	(703) 205-8000			
Name (Print/Type) James M. Slatter	v /	7		Date	November 2, 2007			
1				<u> </u>				

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		WT & TRACE!			<del></del>			
AMENDMENT TRANSMITTAL LETTER							Docket No. 0091-0239PUS1	
Application No. 10/500,729-Conf. #6842		Filing Date			Examiner		Art Unit	
		July 20,	2004		L. A. Gall		3676	
Applicant(s): BO	WIDEN							
nvention: HIGH S	ECURITY LO	CK AND KEY	BLADE COM	BINATI	ON			
IS Amendment Commissioner for I P.O. Box 1450 Nexandria, VA 223 Transmitted here	13-1450	ndment in the	above-identif	ied app	lication.			
The fee has been	calculated an							
	Claims	CLAIM Highest	S AS AMENI	DED				
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	10	- 20 =	0	х	50.00		0.00	
Independent Claims	1	- 4 =	0	×	210.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)			-		
Other fee (pleas	e specify): E	xtension for res	ponse within the	nird mor	nth	1,0	050.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1,050.00		
x Large Entity					Small Entity		<b></b>	
No additiona	Il fee is require	d for this amer	ndment.		-			
X Please charg	ge Deposit Acc		)2-2448 i	n the ar	mount of \$ _	1,050.0	<u>0</u> .	
A check in th	ne amount of \$		is enclo	sed.				
$\equiv$		orm PTO-2038	<del></del>					
X The Director as described		orized to char				o. <u>02-2</u>	448	
x Credit a	ny overpaymer	nt.						
x Charge a	any additional fil	ing or applicatio	n processing	fees rec	uired under 3	37 CFR 1.16	and 1.17.	
Jame /	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Patter			Dated: 1	November 2	2007	
James M. Slatte Attorney Reg. N	•					vovember 2	., 2001	
BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747		H & BIRCH, LI	_P					
Falls Church, V (703) 205-8000		0747						